

**DATE**

6/24/22

PRESENTING CLINICAL SIGNS

Weight loss, lethargy, inappetance, fever. No murmur, quiet, abd palpation slight tense, no peripheral lymphadenopathy. Temp 104

PATIENT

Chester Hays

Current Medications: doxycycline with original visit as owner declined further diagnostics.

Lab Results: WBC 22,900 done 5 days ago. Repeated WBC 32,500 today. chemistry - slight increase in globulins

Radiographs: concern for enlarged lymph node in front of heart.

Abdomen- poor detail mid abdomen.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Springer Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Neutered male

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

7/10/16

The prostate is normal for a neutered dog.

WEIGHT

50 lbs

Left kidney is normal is size (6.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.57 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (2.71 cm long, 0.55 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Chadwell AH

Right adrenal gland is normal in size (2.27 cm long, 0.77 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr.Schaupp

Spleen

The spleen is markedly enlarged in size with a swollen and scalloped undulating capsular contour. Multi-focal, coalescing nodules are noted throughout the parenchyma as well as a 7.5 x 9.0 cm mixed, heterogenous mass. That was completely disrupting normal capsular shape. The splenic vasculature appears normal with enhanced, hyperechoic surrounding fat.

INVOICE

31238

Liver

The liver is markedly enlarged in size with a swollen, irregular contour. Multi-focal, coalescing nodules/masses are noted and are primarily round and hypoechoic in appearance are noted throughout the parenchyma. The visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach that can be visualized appears normal with mildly distended with very echogenic reverberation artifact from intraluminal gas. However, the full stomach is not well visualized. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is:

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a small amount of anechoic free fluid as well as diffusely, hyperechoic enhanced fat and mesentery noted throughout the abdomen.

Thorax

Within the thorax there is no evidence of pericardial effusion or cardiac masses/nodules. However, in the left intercostal space in the mediastinum there is a 2.0 x 3.0 cm hypoechoic, irregular, soft tissue density that is presumed to be a lymph node.

ULTRASONOGRAPHIC FINDINGS

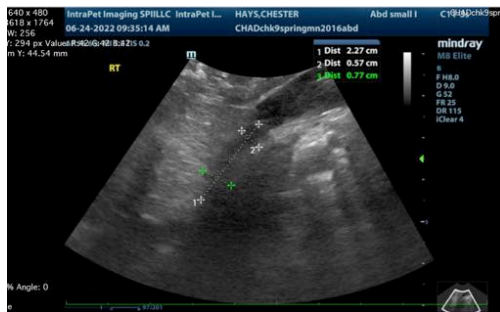
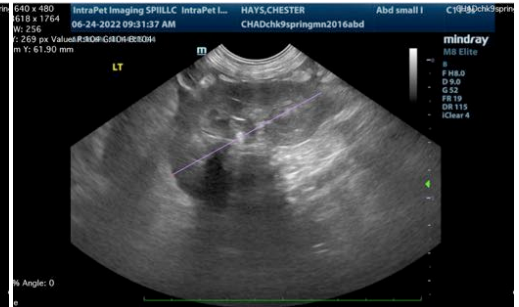
PRIMARY FINDINGS:

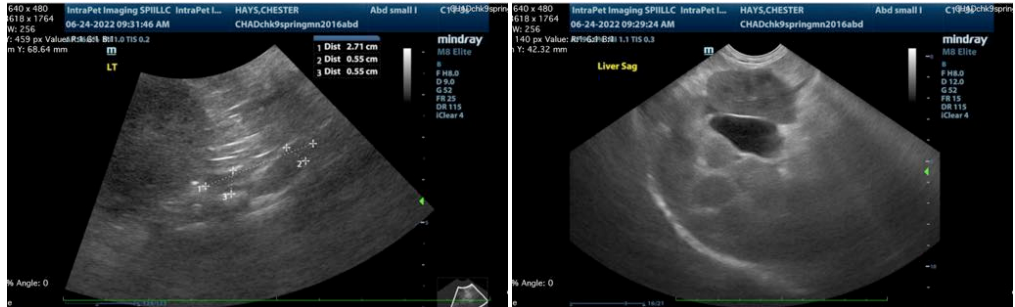
Multiple, coalescing nodules/masses throughout the spleen and liver. This is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease is possible, but considered less likely.

A soft tissue density in the mediastinum is presumed to be a lymph node is concerning for infiltrative round cell neoplasia versus metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include FNA of the spleen and liver if the patient's coagulation status is appropriate.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

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